

# PROVIDER Update



CONTRACTUAL | OCTOBER 18, 2024 | UPDATE 24-1016m | 4 PAGES

## Medication Trend Updates and Formulary Changes – 4th Quarter 2024

### Review drug list, formulary and drug benefit changes and medication safety issues

Stay up to date with information about:

- Preferred biosimilar medications.
- Changes to drug benefits for Health Net\* Medi-Cal members, the Commercial drug lists and the Medicare Part D Formulary for the fourth quarter of 2024.

#### Health Net prefers biosimilar medications

Biosimilars are U.S. Food and Drug Administration (FDA) approved safe and effective medicines that are similar to existing biologic medicines. The FDA regulates biosimilar manufacturing to ensure that they scientifically demonstrate safety and effectiveness while showing no clinically meaningful differences. Biosimilars cost less than their brand name counterparts which indicate they can help lower the overall cost of care for members while still providing quality care.

As of September 1, 2020, Health Net began preferring the biosimilar medications over their brand (or reference product) counterparts for Commercial and Medi-Cal members. For those who have not tried a biosimilar, the patient must try and fail (or have a contraindication to) the **preferred biosimilar(s)** before the brand name or reference product will be approved. Refer to **page 2** for a list of preferred biosimilar medications.

Prior authorization (PA) guidelines can be found under the *Outpatient Pharmaceuticals (Submitted Under Medi-Cal Benefit)* section on the Commercial, Health Net Medi-Cal Fee-for Service and Medicare - California Prior Authorization Lists at <https://bit.ly/HealthNetPriorAuthorizations>.

#### Additional information

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at **provider\_services@healthnet.com**, by phone or through the Health Net provider portal as listed in the right-hand column.

#### THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups

#### LINES OF BUSINESS:

- IFP
  - Ambetter HMO
  - Ambetter PPO
- Employer Group
  - HMO/POS
  - PPO
- Medicare Advantage (HMO/PPO)  
(Wellcare By Health Net)
- Medi-Cal
  - Amador
  - Calaveras
  - Inyo
  - Los Angeles
  - Molina
  - Mono
  - Sacramento
  - San Joaquin
  - Stanislaus
  - Tulare
  - Tuolumne

#### PROVIDER SERVICES

provider\_services@healthnet.com

**Ambetter from Health Net IFP**

**Ambetter PPO** – 844-463-8188

**Ambetter HMO** – 888-926-2164

**Health Net Employer Group HMO, POS  
& PPO** – 800-641-7761

**Medicare (individual & employer group)  
(Wellcare By Health Net)** – 800-929-9224

**Medi-Cal (including CS and ECM providers)**  
– 800-675-6110

#### PROVIDER PORTAL

provider.healthnetcalifornia.com

#### PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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## Health Net prefers biosimilar medications, *continued*.

### Medications

Reference brand	Preferred products
Bevacizumab agents (Avastin) <sup>1</sup>	Mvasi, Zirabev
Erythropoiesis-stimulating agents (Epogen, Procrit, Aranesp)	Retacrit <sup>3</sup>
Filgrastim agents (Neupogen)	Zarxio <sup>3</sup> followed by Nivestym
Infliximab agents (Remicade) <sup>2</sup>	Inflectra, Renflexis, Avsola
Pegfilgrastim agents (Neulasta, Neulasta Onpro)	Udenyca, Udenyca Onbody, Nyvepria
Rituximab agents (Rituxan)	Ruxience <sup>4</sup> , Truxima <sup>4</sup>
Trastuzumab agents (Herceptin)	Kanjinti, Ogivri, Trazimera

<sup>1</sup> Only applies to non-ophthalmology.

<sup>2</sup> Avsola preferred for Health Net Medi-Cal.

- Preferred biosimilars are required in lieu of branded drugs.
- Must try all preferred products. Please refer to the drug-specific policy for complete list of preferred products.
- Unbranded infliximab is required prior to branded Remicade.

<sup>3</sup> No PA required under medical benefit.

<sup>4</sup> No PA required for oncology/hematology.

### Changes to the Commercial Drug Lists, Medi-Cal Drug Benefits and Medicare Part D Formulary

The Health Net Pharmacy and Therapeutics (P&T) Committee includes practicing physicians, pharmacists and other health care professionals. Each quarter, the P&T Committee reviews medications on the Drug Lists for commercial members, Medi-Cal drug benefits, and the Medicare Part D Formulary for Medicare members to determine changes, including which medications remain on the same tier and which are moved. A table listing some recent changes is available on page 3. The list contains brand-name prescription medications, status, other medication choices, and comments for the fourth quarter of 2024. The complete lists of the Commercial Formularies, Medi-Cal Drug Lists, and Medicare Part D Formularies are available on the Pharmacy Information for Providers page on the provider website at <https://bit.ly/PharmacyInformationforProviders>. For medical drug benefits, refer to *Outpatient Pharmaceuticals (Submitted Under Medi-Cal Benefit)* section on the Commercial, Health Net Medi-Cal Fee-for-Service and Medicare - California Prior Authorization Lists at <https://bit.ly/HealthNetPriorAuthorizations>.

### Pharmacy help line

For more information regarding changes to the Health Net Commercial Formulary or Health Net Medi-Cal Drug Lists, or Medicare Part D Formulary, contact the proper pharmacy phone numbers listed below:

Product	Phone number	Fax number
Pharmacy Benefit (Medi-Cal Rx)	800-977-2273	800-869-4325
Medical Benefit Drugs (Medi-Cal)	800-675-6110	833-953-3436
Commercial Pharmacy Services	800-548-5524, option #3	866-399-0929
Medicare Pharmacy Service Center	800-867-6564	800-977-8226

## Health Net Commercial Drug List, Medi-Cal Drug Benefit and Medicare Part D Formulary Changes

Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial Tier 3 plan (Tier 4 plan)	Medicare Part D <sup>6</sup>	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D <sup>6</sup>	Medi-Cal	

### Injectable preparation

Beqvez™ (fidanacogene elaparvovec-dzkt) single-dose intravenous infusion	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>				An adeno-associated virus vector-based gene therapy indicated for the treatment of adults with moderate to severe hemophilia B (congenital factor IX deficiency) who: <ul style="list-style-type: none"> <li>• Currently use factor IX prophylaxis therapy, or</li> <li>• Have current or historical life-threatening hemorrhage, or</li> <li>• Have repeated, serious spontaneous bleeding episodes, and</li> <li>• Do not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test.</li> </ul>
Imdelltra™ (tarlatamab-dlle) single-dose vial	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>				A bispecific delta-like ligand 3 (DLL3)-directed CD3 T-cell engager indicated for the treatment of adult patients with extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy.
Lenmeldy® (atidarsagene autotemcel) single-dose cell suspension	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>				An autologous hematopoietic stem cell-based gene therapy indicated for the treatment of children with pre-symptomatic late infantile (PSLI), pre-symptomatic early juvenile PSEJ) or early symptomatic early juvenile (ESEJ) metachromatic leukodystrophy (MLD).

## Health Net Commercial Drug List, Medi-Cal Drug Benefit and Medicare Part D Formulary Changes, *continued*

Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial Tier 3 plan (Tier 4 plan)	Medicare Part D <sup>6</sup>	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D <sup>6</sup>	Medi-Cal	

### Injectable preparation

Tevimbra® (tislezumab-jsgr) single-dose vial	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>				A programmed death receptor-1 (PD-1) blocking antibody indicated for the treatment of adult patients with unresectable or metastatic esophageal squamous cell carcinoma (ESCC) after prior systemic chemotherapy that did not include a PD-(L)1 inhibitor.
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### Intravesical preparation

Anktiva® (nogapendekin alfa inbakicept-pmln) single-dose vial	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>	Medical benefit <sup>5</sup>				An interleukin-15 (IL-15) receptor agonist indicated with Bacillus Calmette-Guérin (BCG) for the treatment of adult patients with BCG-unresponsive nonmuscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.
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Note: The information above is subject to change. Please refer the Prior Authorization List at <https://bit.ly/HealthNetPriorAuthorizations> for the most up-to-date information.

<sup>5</sup>Prior authorization (PA) is required to verify that the member is eligible and satisfies clinical protocols to ensure appropriate use of the medication.

<sup>6</sup>Medicare Part D: Wellcare CalViva Health Dual Align (HMO D-SNP), Wellcare Dual Align (HMO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Low Premium (HMO), Wellcare No Premium (HMO), Wellcare No Premium Focus (HMO), Wellcare No Premium Focus (HMO), Wellcare No Premium Open (PPO), Wellcare No Premium Ruby (HMO), Wellcare Premium Ultra (HMO), Wellcare Specialty No Premium (HMO C-SNP), Wellcare Assist (HMO), Wellcare Patriot Giveback (HMO), Wellcare Dual Liberty Amber (HMO D-SNP), Wellcare Dual Align 001 (HMO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Giveback (HMO), Wellcare Giveback Focus (HMO), Wellcare No Premium (HMO), Wellcare No Premium Best (HMO).